Request for Cancellation of Certificate

2005-128-1 253843

	Or was a second or
File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 18203, 2014	ime: 3.49
Please consider this a request to cancel my	<b>':</b>
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	
Non-Emergency Certificate	
Class E Household Goods Certificate	
Class E Hazardous Wastes Certificate	
My Certificate Number is	(1563)
	DBA
(Name of Company)	(If applicable)
2644 RANGON DR.	
(Street Address)	(Mailing Address if different from Street Address)
N.CHARLESTON S.C 29408	
(City, State, Zip Code)	(City, State, Zip Code)
843-817-7104	
(Telephone Number)	
ad	(Signature)
DEC 102014	(Title) Owner, President, etc.
	ORS Revised 2-18-10

10-363